## A17000000 583

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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APR 13 2019 S. YOUNG

## **COVER LETTER**

	Registration Section Division of Corporations						
	•	C 2460 H	IGHW	'AY 50	0. LP		
SUBJECT: DMCC 2460 HIGHWAY 50, LP  Name of Limited Partnership or Limited Liability Limited Partnership							
DOCUN		A17000000583					
The encl	osed Statement of Change of lessubmitted for filing.						
Please re	turn all correspondence conce	erning this n	natter to	<del>.</del>			
	BENJAMIN SWIF	T					
	Contact Person						
	SWIFT LAW OFFI	CE					
	Firm/Company						
20	01 N. NEW YORK AVENUE	E, SUITE 2	:01				
	Address			_			
	WINTER PARK, FL 3	32789					
	City, State and Zip Coc	le		_			
	BEN@SWIFTLEGA	LFL.COM					
E-ma	all address: (to be used for future am	mal report no	tification)	<del> </del>	_		
For furth	er information concerning this	s matter, ple	ease call	:			
	STEVE MORROW	at (	407	)	636 - 8888		
N	lame of Contact Person	A	rea Code	and Day	time Telephone Number		
Enclosed	l is a \$35.00 check made paya	ble to the F	lorida D	epartm	ent of State.		
STREE	Γ ADDRESS:		MAII	LING	ADDRESS:		
_	tration Section Registration Section						
	of Corporations				Corporations		
Clifton E				Box 63			
	ecutive Center Circle see, FL 32301		ranai	iassee,	FL 32314		

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	DMCC 2460 F	<u>IIGHWAY</u>	<u>′ 50</u>	, LP			
Na	me of Limited Partnership or L	imited Liabilit	y Lin	nited Partner	ship		
2. 1	1/29/2017	3.		A1700	0000583		
Date of filing	e of filing/registration in Florida Florida docu				ment number		
4. The name of the re Department of State:	gistered agent and the registere	d office addres	ss as s	shown on the	e records of the Florida		
	PATEL. P	RABODH (	2				
	Name						
	118 WEST OR	ANGE ST	REE	Т			
	Ad	dress			-		
	ALTAMONTE SPRINGS, FL 32714						
	City, Sta	ite and Zip			-		
5. The name and Flor	rida street address of the new re	gistered agent	and/c	or office:	· 5% 🛶		
	SWIFT LA	W OFFICE	<u>:</u>				
	N	ame			ARA ARA		
	201 N. NEW YORK	AVENUE, S	SUIT	ΓE 201	APR -4 AHASSE		
	Florida street address (						
	WINTER PAR	K	FL	32789	R -4 PM 5: 03		
	City, Sta	ite and Zip			. AGII		
6. Such change(s) is/a — Docusigned by:  Pradup Mathar	are effective when filed by the	Florida Departi	ment	of State.			
Signatura Signat		_					
I hereby accept the ap comply with the provi	ppointment as registered agent a sions of all statutes relative to t tan accept the obligations of n	the proper and	Comp	olete perforn			
Signature of Registere		-					
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50						